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Somerset County Council.

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THE COUNTY EDUCATION COMMITTEE.

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# Annual Report

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1928.

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**WILLIAM G. SAVAGE, B.Sc., M.D., (Lond.), D.P.H.**

County Medical Officer of Health,  
County School Medical Officer.





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**To the Chairman and Members of the Education Committee**  
**of the Somerset County Council.**

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Twentieth Annual Report as School Medical Officer.

Most of it is a record of the regular progress of the work, medical inspection, dental treatment, dealing with special defectives, and the like. This work results in an enormous improvement of the health of the children and goes steadily on year after year.

The report for 1927 was rather detailed; that for the year under consideration is somewhat shorter but gives ample figures showing what has been done. Three recent developments may be specially mentioned. The scheme for the accurate ascertainment of cases of rheumatic heart disease, with a view to a comprehensive attack upon this important cause of chronic ill-health and early death, has been in operation throughout the year and a preliminary account is given of what has been done. The proposals for dealing with postural defects have also materialised and much valuable work is being accomplished. A short account of the results obtained at the County Clinics for artificial light treatment is included since school children constitute a very considerable proportion of the cases treated.

The arrangement of the tables is the same as last year, and they are in the form asked for by the Board of Education.

I have to thank the Medical Officers, and particularly Dr. Weaver, for their valuable co-operation. Dr. Weaver has paid special attention to the physically and mentally defective children in the County, and our records of them are fairly complete.

I am,

Your obedient Servant,

WILLIAM G. SAVAGE.

Health Department,  
Somerset County Council,  
February, 1929.

## ORGANISATION.

By arrangement with the Public Health Committee, Dr. Lister devoted part of his time to the work of that Committee and Dr. Williamson did an equivalent amount of school work. Dr. Williamson left in March, his place being taken by Dr. Heslop. Dr. Hilda Halliday was appointed in April and devotes part of her time to school work. The other medical and dental officers were as in the previous year.

## MEDICAL INSPECTIONS CARRIED OUT.

The number of Elementary Schools is 461 with 521 departments. The average attendance during the year ending 31st March, 1928, was 39,043.

		Urban.	Rural.	Total.
Council Schools	... ..	27	115	142
Voluntary Schools	... ..	36	283	319
		<hr/>	<hr/>	<hr/>
Total	...	63	398	461

The number of visits paid to Elementary Schools for the purpose of conducting routine inspections during the year was 1,251. The number of children inspected was 25,160, an increase of 700 over the previous year. The figures for the different groups are set out in Table I. (at end of Report).

The number of children inspected, exclusive of re-inspections, was 17,216. The number of children re-inspected during the year was 7,944, compared with 8,925 in the previous year. This is exclusive of the cases referred to the School Oculist. The number of inspections in each district under the different groups examined is shown in Table VII. (at end of Report).

All the schools were visited during the year. The percentage of parents present at routine inspections was 49.3. Pressure of other work only allowed a second visit to the schools to be made in a minority of cases.

## EXAMINATION OF BURSARS, SUPPLEMENTARY TEACHERS, ETC.

**Bursars.**—The results of these examinations during the year are set out below:—

	Boys.	Girls.	Total.
Number accepted without qualification	2	4	6
Number provisionally accepted subject to treatment being obtained for:—			
Defective vision	1	2	3
Dental defects	2	0	2
Goitre	0	1	1
Rejected for defective vision	0	2	2
	<hr/>	<hr/>	<hr/>
Number examined	5	9	14

All the candidates found to need treatment obtained it, and were subsequently accepted. Two were rejected on account of high myopia.



**Supplementary Teachers.**—In accordance with the requirements of the Board of Education, 38 women teachers were examined at various times during the year and graded as follows:—

A.1.—In good health, and free from defects	...	...	...	18
A.2.—In good health, but with slight physical defects	...	...	...	16
B.1.—In good health, but with defects likely to shorten period of service	...	...	...	0
B.2.—In good health, but with defects interfering with their efficiency	...	...	...	2
B.3.—In temporary sub-normal health	...	...	...	2
C. —Unfit	...	...	...	0
				<hr/> 38 <hr/>

The defects most frequently found were, as usual, dental caries and errors of refraction. Three teachers were examined by the County Oculist. In addition three candidates had non-crippling deformities and two chronic tonsillitis.

### FINDINGS OF MEDICAL INSPECTIONS.

The figures for 1928 are set out in Tables II., III. and VI., which are on the same lines as last year and in the form recommended by the Board of Education.

Some of the chief percentage figures given in Table VI. are nutrition, bad or below normal, 6.4; defective hearing, 1.9; ear disease, 1.5; skin disease, 0.9; adenoids, slight, 5.5, severe, 0.5; considerably enlarged tonsils, 4.4; defective speech, 2.3; dental disease, 65.9; organic heart disease, 0.4; anæmia, 4.3; pulmonary tuberculosis, definite, 0.2, suspected, 0.6. These percentages are very similar to those recorded in previous reports.

**Health conditions of “Entrants.”**—Table VI. (page 42) only gives the percentage prevalence of defects amongst all the children inspected. It is desirable to consider from time to time the amount of defects amongst entrants, their nature and if they show any decline. In the earlier reports for 1908-1915 these figures were in part included but they have not been summarised since that date as they are not in the Tables required by the Board of Education.

The figures have been taken out for 1928 and illustrate points of interest. Those for some prominent defects in 1915 and in 1928 are as follows:—

					Percentages.	
					1915.	1928.
Malnutrition	...	...	...	...	13.4	8.3
Ear disease	...	...	...	...	2.5	1.3
Considerably enlarged tonsils	...	...	...	...	3.2	6.4
Slight adenoids	...	...	...	...	10.1	8.4
Marked adenoids	...	...	...	...	1.7	0.9
Defective speech	...	...	...	...	0.3	3.3
Dental disease	...	...	...	...	69.2	65.7
Organic heart disease	...	...	...	...	0.2	0.2
Tuberculosis (definite and suspected)	...	...	...	...	1.3	0.6
Rickets	...	...	...	...	2.1	3.1

Eye defects are not recorded for all entrants but those suspected to show abnormalities of vision have to be specially presented.

It is not possible to compare the figures of 1915 and 1928 at their face value. So much depends upon the standards adopted and upon the personal equation of the investigators. While for most defects there is some diminution there is no evidence of any marked change of incidence and this is very much the experience elsewhere. The essential point is that year after year children enter school for the first time burdened with a fairly high proportion of defects. This is likely to continue until there is a much better system of supervision and treatment for the pre-school child. The child is fairly well looked after during its first year of life and arrangements are in force for continuing supervision. Most of it, however, is not medical supervision and the aim must be to have every abnormal child reported for more specialised care and attention. This will materially improve matters but the medical examination of school children has shewn that many defects remain unrecognised and undetected unless there is a system of routine medical examination. We are a long way off any such system and it is one not easy to arrange, without great expense, in such a county as Somerset. The latest development of the County Infant Welfare Scheme includes special consideration for all abnormal children and when this is in successful working order it should enable some of the defects noticed in the pre-school child to be remedied before they attend school.

There is of course a great advantage in treating defects at the earliest age possible. Defects are remedied more easily and at a lower cost, while deteriorations of health consequent upon these defects are obviated.

**Defective Vision.**—Defects are recorded for 31.6 per cent. of the children as shown in Table VI. This includes all degrees of defect, and is not very helpful without explanation. The percentage prevalence of defects amongst two group classes is set out below. "Slight defect" includes visual acuity of 6/9 and 6/12 and "marked defect" any greater degree of vision defect.

	8 years old.			Leavers.			Total Routine. (8 years and over).		
	Boys.	Girls.	Total.	Boys.	Girls.	Total.	Boys.	Girls.	Total.
Slight defect ...	24.2	26.0	25.1	14.2	17.1	15.6	19.7	23.1	21.3
Marked defect...	6.0	7.1	6.5	8.4	10.4	9.4	7.0	9.2	8.0

The percentages for the 8 year old children and the "Leavers" group represent the proportion of slight and marked eye defects amongst the children. The figures for the entrants are not given as they merely represent the proportion found with defective sight amongst those presented by the teachers as with possibly defective eyesight, since entrants are not examined for eye defects as a routine measure. The number of children so presented fluctuates greatly.

During the year, 1,655 elementary school cases were examined by the Oculist, 691 being re-examinations. In 951 of the 964 new cases errors of refraction were present. The nature of the defects found are given in the following tables:—

Errors of Refraction.	BOYS.				GIRLS.				Totals.
	Under 8.	8-9	12 & over	Other Ages.	Under 8.	8-9	12 & over	Other Ages.	
Hypermetropia ... ..	49	56	40	74	70	66	60	85	500
Hypermetropic astigmatism ... ..	18	37	10	39	20	41	25	44	234
Myopia ... ..	3	7	17	7	4	7	22	12	79
Myopic astigmatism ... ..	3	12	5	5	5	6	11	11	58
Mixed astigmatism ... ..	0	10	1	5	3	21	9	9	58
Heterometropia ... ..	0	4	1	4	2	7	2	2	22
Total ... ..	73	126	74	134	104	148	129	163	951
Re-examination cases ... ..	20	29	94	116	29	36	194	173	691
Cases without error of refraction ... ..	2	2	2	3	2	0	1	1	13

		Boys.	Girls.	Totals.
Disorders of Mobility.	Convergent strabismus ... ..	58	79	137
	Alternating strabismus (mainly convergent)	0	0	0
	Divergent strabismus ... ..	3	7	10
	Nystlagmus ... ..	2	4	6
Pathological changes of Eye due to accident or disease.	Of Conjunctiva ... ..	3	5	8
	„ Cornea ... ..	14	8	22
	„ Sclerotic ... ..	0	0	0
	„ Iris and ciliary body ... ..	3	0	3
	„ Lens ... ..	2	0	2
	„ Vitreous ... ..	0	0	0
	„ Choroid and retina ... ..	1	1	2
	„ Optic Nerve ... ..	0	0	0
Diseases of Adnexa of the Eye.	Of Eyelids ... ..	45	54	99
	„ Lachrymal apparatus ... ..	2	0	2
Congenital Disorders of the Eye.	Globe as a whole ... ..	1	0	1
	Cornea (conical chiefly) ... ..	0	0	0
	Sclerotic (blue) ... ..	0	0	0
	Iris and ciliary body ... ..	0	3	3
	Lens { Dislocation ... ..	0	0	0
	„ { Cataract ... ..	1	5	6
	Choroid and retina ... ..	0	1	1
	Optic Nerve ... ..	0	0	0
	Lack of pigment ... ..	0	0	0
	Eyelids ... ..	6	4	10
Headaches, and other reflex nerve symptoms associated with visual defects ... ..		110	154	264
Cases considered unsuitable for instruction in Elementary Schools and certified as “Blind” ... ..		0	1	1



In addition 38 Secondary School scholars and 3 Supplementary Teachers were examined, and six days' work (approximately 72 cases) was done for the Bridgwater Urban Authority. In connection with the arrangements made between the County Education Committee and the Mental Deficiency Acts Committee, 9 cases at Sandhill Park were examined as to their vision.

## MEDICAL TREATMENT AND FOLLOWING UP.

In previous reports an extended account was given of the means employed in the County for providing treatment for defects found at Medical Inspection. These need not be recapitulated as no material changes have been made.

During the year 1,437 new cases were referred to the Care Visitors. Arrangements have now been made with 151 Nursing Associations, an increase of 2 during the year. Inspections in 409 schools were attended by District Nurses. 1,007 inspections were attended by these nurses, and 2,633 cases were referred to them for home visits. Their reports state that 7,141 home visits were paid to these cases.

Their reports upon the 2,633 cases referred to them for home visits show that in 1,080 cases (41 per cent.) medical treatment had been obtained, and 231 cases (9 per cent.) were under treatment by the nurse; in 680 cases (26 per cent.) no treatment was obtained; 573 cases (22 per cent.) were under supervision; and in the remaining 69 cases (2 per cent.) visits had yet to be made at the time the reports were received.

During the year 844 cases of slight degrees of nasal obstruction, probably due to adenoids, but not marked cases, were reported for breathing exercises in the schools under the direction of the teachers. Directions to parents and teachers as to treatment were given in 2,483 cases (16 per cent.) and for observation in 2,169 cases (14 per cent.)

The Scheme for providing extra nourishment for debilitated and under-nourished children was fully described in my 1926 Report. During the past year grants of milk, malt and oil or Parrish's Food were made to 196 children at a total cost of approximately £24.

The methods of treatment for special defects described in previous reports were maintained. The following defects may be specially mentioned:—

## MINOR AILMENTS, INCLUDING SKIN DISEASES.

A number of cases of minor ailments are referred to the District Nurses for treatment, and during the year 233 cases were so referred. Many cases were treated at the School Clinics (see pages 21 and 22).

## TONSILS AND ADENOIDS.

A scheme for securing operative treatment for Tonsils and Adenoids at certain approved hospitals was started in 1920. Last year 254 recommendations were issued, and 231 operations performed. The total cost of these operations was £423 14s. 6d., of which sum £35 17s. 0d. was refunded by the parents, leaving a balance of £387 17s. 6d. to be paid by the County Education Committee.

The demands for assistance continue to grow, partly owing to careful "following up" of children suffering from enlarged tonsils and adenoids, but more particularly owing to the difficulty of securing operative treatment at the smaller Voluntary Hospitals, either by subscribers' tickets or through the various Hospital Contributory Schemes. The present grant is inadequate to meet the need for all suitable cases.

## GOITRE.

As explained in earlier reports, the administration of small quantities of iodine salts to children in a number of selected schools has been carried out on experimental lines to study its effect as a means of preventing goitre. This was started in 1925 and continued during all 1926 and 1927.

The results showed that the iodine was of considerable value both to prevent the development of goitre and also to cause a reduction in existing goitres. It was decided that it was not necessary to continue the investigation on these experimental lines but that the iodine chocolates were to be administered to children in selected schools. In all 70 schools have had iodine chocolates for at least part of the year. Of these 31 were schools in hand as part of the experimental scheme, while 39 were additional schools added since July. These 39 schools included about 820 children receiving the iodine. The cost of the iodised chocolates for the year was £24.

## TUBERCULOSIS.

During the year 114 cases of tuberculosis, or suspected tuberculosis, of the lungs were recorded amongst the routine inspections, while there were 3 definite and 54 suspected cases amongst those specially presented. Eighteen cases of tuberculosis of other parts of the body were recorded, chiefly of glands, bones and joints. Of the 131 cases referred to the Tuberculosis Officers and examined, 28 per cent. were found to be definite cases, and a further 16 per cent. suspicious cases of tuberculosis.

**Quantock Summer Camp.** The Summer Camp in the grounds of the Quantock Sanatorium was again held during the year and on very similar lines to the Camps in 1924-1927. Great care was taken in selecting the children and they were picked out by the Medical Inspectors and the Tuberculosis Officers right throughout the year, the list being revised and the children finally selected a few weeks before the Camp opened.

Forty girls were at the Camp from July 19th to August 16th, and forty boys from August 17th to September 14th, a period of four weeks for each group. The children were regularly weighed and medically inspected while at the Camp. The benefit to the children was striking. The average gain in weight for the girls was 8½ lbs. and for the boys 6½ lbs. As before, the Camp was run mainly by voluntary help. The total expenditure was £260, of which £193 was for food. The children were well fed and the cost for food for children and staff worked out at 17.8 pence per head per day. Each child for its four weeks' holiday cost £3 5s. 0d., including everything. The Education Authorities of Taunton, Yeovil and Bridgwater repaid £92.

### TREATMENT WITH ARTIFICIAL LIGHT.

Treatment with artificial light, in the form of a Mercury Vapour Lamp, is available at four centres, *i.e.*, Bridgwater, Weston-super-Mare, Yeovil and Minehead. The first three were at work all the year, that at Minehead was only opened in September. The following tables give particulars of the cases treated, attendances and results. The education cases vary in character but many are malnourished, debilitated children and most of these derive great benefit.

Centre.	Number of Clinics held.	New cases seen.	Total Attendances.				
			Infant.	Educa- tion.	Tuber- culosis.	From outside areas.	All.
Bridgwater .....	91	46	739	214	205	37	1195
Minehead .....	28	17	152	11	1	0	164
Weston-super-Mare .....	90	32	70	825	156	32	1053
Yeovil .....	96	76	287	1301	174	0	1762
Total .....	305	171	1248	2351	536	69	4174

	Tuberculosis.	Rickets.	Debility and Malnutrition.	Glands (Not Tuberculous).	Others.	Total (all cases).
Cured or Improved .....	18	23	43	6	39	129
Unaltered .....	2	0	2	0	8	12
Worse .....	—	—	—	—	—	—
Still under treatment .....	20	39	53	13	59	184
Total .....	40	62	98	19	106	325



## RHEUMATIC HEART DISEASE.

In my Report for last year I outlined the new Scheme for the ascertainment, classification and investigation of cases of rheumatic heart disease. The Scheme has been in operation during the whole of 1928.

Acute rheumatism is a disease which usually develops during school age. Involvement of the heart is a definite feature of the disease and in consequence chronic heart disease is a common result. Chorea is a manifestation of the same condition.

The Medical Inspection records show that the number of organic heart cases reported each year is considerable and the great majority are due to rheumatic infections. One of the difficulties is that to make an accurate diagnosis of the type of heart disease requires a specialist's opinion and is beyond what can be done in ordinary Medical Inspection. In consequence a certain number of children get labelled as chronic hearts, with the accompanying disabilities, when they really are suffering from types of heart trouble which are not dangerous. Part of the investigation is to obtain accurate expert diagnosis of these difficult cases.

The investigation, which is being carried out in co-operation with adjacent areas, not only deals with the accurate classification of the cases but also includes a very detailed investigation as to the environmental and other conditions in each case with an aim to ultimate prevention. In addition it enables us to give better guidance as to the occupation these children with damaged hearts should take up.

The children are reported by the School Medical Inspectors for further examination and when a sufficient number in any one area have accumulated a special examination of them is undertaken by a heart specialist (Dr. Herepath).

After the cases are sorted out, detailed inquiries are made on a special form (Form D) in regard to the home conditions, relationship to other cases and numerous other points. These inquiries are in general made by the Health Visitor of the district. Very great care is taken in the compilation of Form D and, in particular, that the local details are those at the time and antecedent to the development of the disease and are not the present conditions.

During 1927 one such Clinic was held at Bath at which 14 children were examined. During 1928 nine Heart Clinics were held as follows:—

Centre.	Number of Clinics held.	Cases examined.		
		County.	Taunton.	Bridgwater.
Bath ... ..	1	13	—	—
Radstock ... ..	2	31	—	—
Taunton ... ..	4	47	17	1
Weston-super-Mare ...	2	30	—	—
Totals ... ..	9	121	17	1



These children have been grouped as follows:—

Suffering from rheumatic heart disease	...	...	...	84
Suffering from congenital heart disease	...	...	...	11
Not suffering from heart disease, doubtful cases, or cases under observation	...	...	...	44

The diagnosis of a good many cases has been cleared up and in a number of instances children who have been stopped all games, etc., have been allowed to resume normal school life.

The most important part of the research is the detailed investigation of the home and other conditions to try and throw some light on the causation of the disease. Cases up to the end of 1928 have been very carefully investigated while the cases not due to rheumatic heart disease have been as fully investigated, to use as controls for comparison. To prevent any unconscious bias the inquirers investigating the home conditions do not know whether the inquiry refers to an actual case or to a control, nor is this differentiation known until after the full summaries have been recorded on special summary sheets.

Excluding doubtful cases still under observation (to be included in later years) and one or two for which particulars could not be obtained, 84 rheumatic heart cases and 48 control cases have been so studied. No deductions of any value can be drawn with so few numbers but the following table illustrates some of the detailed inquiries being made and the percentages of defects in the two groups.

Conditions investigated.	Percentage Rheumatic Heart Group.	Percentage Control Group.
House: Markedly damp	18.7	19.2
Slightly damp	18.7	33.8
Defective ventilation	15.6	12.8
Defective light or sunlight	7.8	4.2
Overcrowded	18.2	25.5
Site: Low-lying	16.2	10.6
In close proximity to water-courses	14.5	21.3
Family circumstances: Comfortable	21.5	20.8
Adequate	53.5	41.8
Straitened	25.0	37.5
Adequate mid-day meal	94.1	78.6
Defective nutrition	9.6	21.3
Enlargement of tonsils	28.0	23.4
Adenoids	14.7	17.0

## VISION AND EYE DEFECTS.

The cases of defective vision include cases of slight defects which require no special treatment, and cases of decided impairment of vision or with definite symptoms of eye strain which are referred to the School Oculist. During 1928 the School Oculist examined 964 new cases and prescribed glasses in 894 cases.

At the end of the year the number of eye centres in the County was 35, all unaltered from the previous year. Eighty-four per cent. of the children summoned to the different eye centres attended. Of the remaining 16 per cent., the majority attended on being again sent a notice.

During 1928 the five shillings charged for spectacles was received from 1,063 parents, while in 122 cases (as compared with 138 in 1927) the cost or part of it was provided out of County funds. The expenditure involved was £25 13s. 7d., as compared with £23 0s. 7d. in 1927. Necessitous cases requiring free repairs to frames or new lenses, etc., cost the Committee £2 12s. 2d. No payments were made in carrying out the resolution of the Education Committee to pay charges for repairs above 2s. 6d. The present charge for spectacles is now rather more than their actual cost, and during the year this gave a profit of £31. £28 5s. 9d. was lost on the cost of repairs and for free glasses, and £2 14s. 6d. on the cost of eyeshades. The cost of eye material, therefore, was exactly covered by the receipts.

During the year 1,185 new pairs of spectacles were supplied, while 811 pairs previously ordered were repaired, or new lenses were fitted to old frames. Children provided with spectacles are re-examined by the Medical Inspectors at their next visit to see that the spectacles fit and have not been bent out of shape. If necessary the children are referred back to the School Oculist.

Of the 964 new cases examined, 147 were cases of squint. Glasses were prescribed in 139 cases and obtained in 125. In 8 cases spectacles were not required, treatment by shading, etc., being advised. Eye shades were provided in 26 cases.

## DENTAL DEFECTS.

The Dental Scheme only deals with children of selected special ages. Children found at Medical Inspections to have defective teeth are not treated by the School Dentists unless they come under the Scheme. They are referred for treatment as for other defects, *i.e.*, the parents are informed, the School Care Visitors have case sheets, etc.

**Treatment of defective teeth under the Scheme.** Three dentists were at work throughout the year. The figures set out show that 46 per cent. of the children passed through the hands of the School Dentists.

Mr. Crossley has made a personal enquiry into the homes of 128 children from 18 schools whose parents had failed to accept dental treatment. The results are interesting. In 33 cases (26 per cent.) examination was refused under the belief that the child did not require treatment. In nearly 20 per cent. the cause was lack of proper notification on the part of the teachers. Practically all accepted when informed. Inability to pay the fee was the reason given in about 10 per cent. It applied mostly where there were a number of children in the family requiring treatment. That they had their own dentist was the excuse given in 9 cases (7 per cent.). In 42 cases (33 per cent.) no definite reason was given. Mr. Crossley was successful in no less than 73 cases (57 per cent.) out of the 128 in obtaining the consent of the parents and arranging for the children to attend for examination and treatment.

The children examined and the distribution of the schools dealt with are shown in the following table:—

District.	Number of Schools.	Number of Schools included.	Number of days worked.	Children examined.		Children treated.	
				Ages included in Scheme.	Other Ages.	Ages included in Scheme.	Other Ages.
Axbridge Union	45	44	62	1,761	—	1,206	—
Weston-super-Mare	6	3	17	459	—	279	—
Bath Rural ...	17	*34	49	1,319	4	960	4
Bridgwater Rural ...	38	38	41	1,160	1	976	1
Chard Union ...	28	17	33	1,031	—	845	—
Clutton Union ...	32	32	74	2,120	3	1,363	1
Dulverton Union ...	13	12	10	268	1	206	—
Frome Union ...	27	27	41	1,141	—	842	—
Keynsham Union ...	10	10	12	350	—	210	—
Langport Union ...	24	22	24	684	3	516	2
Long Ashton Union	33	32	49	1,413	1	938	1
Shepton Mallet Union	25	25	28	814	1	579	—
Taunton Rural ...	29	26	33	865	2	724	2
Wellington Union ...	18	18	28	843	—	690	—
Wells Union ...	26	*33	42	1,193	1	910	1
Williton Union ...	31	30	35	940	4	772	4
Wincanton Union ...	27	27	33	878	—	639	—
Yeovil Rural ...	32	30	32	872	2	721	2
	461	460	643	18,111	23	13,376	18

\*Twenty-five schools in the County were inspected twice in the year.

The number of children treated during the year under consideration was 13,394. The treatment given was as follows:—

Extractions (temporary)	...	...	...	14,289
„ (permanent)	...	...	...	590
Fillings	...	...	...	9,028
Other treatment (scaling)	...	...	...	46



			No treatment required.			Cases requiring treatment.						
			Number of Cases.	No previous treatment.	Previously treated.	Number of Cases.	Extraction temp. only.	Extraction perm. only.	Fillings only.	Extraction and fillings.	Extraction, fillings, and other work.	Other work only.
Mr. Goddard	.....	.....	2136	964	1172	4029	1611	100	1537	780	0	1
Mr. Nicolson	.....	.....	1026	384	642	5032	3225	98	1030	677	0	2
Mr. Crossley	.....	.....	1578	536	1042	4333	2255	66	957	991	8	56
			4740	1884	2856	13394	7091	264	3524	2448	8	59

The number of children with teeth which have been treated and then kept sound by yearly examination is very considerable as can be seen from the table.

The most satisfactory features of the scheme are the large number of children which yearly require no treatment and the large number of fillings and the small number of permanent teeth extracted as set out in the table. The table shows that 4,740 required no treatment, of which 2,856 had been previously treated. To this should be added, from the point of view of conservative dentistry, the 7,091 children who required temporary extractions only. This makes 11,831 children whose teeth were examined and found to be sound except for temporary extractions. The number of children now maintaining sound permanent teeth on account of this annual treatment is very large, and is conclusive evidence of the value of the dental work.

Mr. Goddard, Mr. Nicolson and Mr. Crossley worked 643 days (215, 215 and 213 respectively) during the year and examined 18,134 children, an average of 28 a day, while 21 a day were treated, the average for the previous year being 26 and 19 respectively. These figures must be considered as satisfactory in view of the difficulties of transport, administration, etc.

The cost of the dental work for the year was £2,598, the largest items being £1,545 salaries of dentists, £550 travelling and maintenance allowances, and £220 clerical assistance. The cost of dental materials and renewals was £78, while the amount paid for the hire of rooms was £153.

The sums received as fees from parents during the year amounted to £312. The cost for each child treated works out at 3/11, or deducting parents' contributions 3/5.

The numbers of toothbrushes sold during the last ten years are: 5,594, 8,099, 3,233, 3,637, 3,928, 2,355, 2,988, 3,695, 3,192, 3,138 (1928). The price charged is 4d.



### CRIPPLED CHILDREN.

The orthopædic scheme was in full work all through the year and was extended in certain directions. Further voluntary assistance was obtained and now voluntary organizers are appointed for all the Major and all but two of the Minor Centres. At 3 of the 5 Major Centres V.A.D. nurses have mainly staffed the clinics. The voluntary assistance given has been very helpful and valuable. Transport still offers difficulties but these are gradually being overcome.

Close co-operation is maintained with the other County services. Not only are treated children followed up by the Orthopædic Sister, but they are re-examined and kept under observation by the School Medical Inspectors and Tuberculosis Officers.

Dr. Forrester-Brown has been the Visiting Surgeon for all the clinics as well as in general charge of the cases admitted to the Bath Orthopædic Hospital, and we are again indebted for much of the success of the scheme to her skill and enthusiasm for the work. The operations at the Hospital are carried out and shared between two Visiting Surgeons and Dr. Forrester-Brown.

The attendances at the Major and Minor Clinics are shown in the following tables:—

**Attendances at Major Clinics, 1928.**

Dispensary.	Number of Clinics held.		New Cases seen.	Total Attendances.				
	Surgeon	Sister		I	E	T	O	All
Glastonbury .....	7	40	48	103	266	9	12	390
Radstock .....	8	38	59	86	365	28	13	492
Taunton .....	11	36	97	132	586	16	16	750
Weston-super-Mare .....	11	42	93	49	662	21	24	756
Yeovil .....	11	28	81	83	334	16	15	448
	48	184	378	453	2213	90	80	2836

NOTE.—I = County Pre-school cases, E = County Education cases, T = Tuberculosis cases, O = Other cases, *i.e.*, children over age.

## Attendances at Minor Clinics, 1928.

Dispensary.	Number of Clinics held.		New Cases seen.	Total Attendances.				
	Surgeon	Sister		I	E	T	O	All
Bath .. ..	2	9	32	12	69	1	1	83
Bridgwater .. ..	1	24	10	43	94	8	2	147
Chard .. ..	1	9	10	7	59	2	3	71
Cheddar .. ..		11		3	19	—	—	22
Clevedon .. ..		9		5	27	—	1	33
Frome .. ..	2	21	18	7	172	—	1	180
Langport .. ..		11		—	33	11	—	44
Minehead .. ..	1	8	10	12	44	2	—	58
Shepton Mallet .. ..		10		2	35	—	2	39
Wellington .. ..		10		5	36	—	—	41
Wincanton .. ..	1	11	1	5	75	—	6	86
	8	133	81	101	663	24	16	804

## Bath, Somerset &amp; Wilts Central Children's Orthopædic Hospital.

## Somerset Cases in Hospital during 1928.

Type of Case	In Hospital 31-12-27	Admitted	Discharged	In Hospital 31-12-28	Average duration of each case (discharged cases only).
Non. resp. Tuberculosis (Bones and Joints)	8	6	7	7	202 days
Congenital deformities	5	25	28	2	84 days
Infantile Paralysis (Ant. Poliomyelitis)	4	25	22	7	102 days
Rickets	3	11	7	7	154 days
Spastic paralysis	0	1	1	0	13 days
Scoliosis	2	3	5	0	77 days
Osteo-myelitis (other than tubercular)	1	2	2	1	195 days
Other cases	1	10	6	5	205 days
TOTAL ..	24	82	78	29	

The duration of stay of each case in hospital was very considerable but rather less than for the previous year. In view of the long waiting list the County Council authorised a further 6 beds (making 30 in all) being utilised throughout the year. This has reduced the waiting list but it is still considerable. In the course of time this will right itself since many of the beds are occupied by old long-standing cases. Now these are being dealt with and cases are being seen much earlier, and those needing operative treatment require a much shorter stay in hospital. The full 30 beds will, however, be required for a further year. It has been possible to board out 3 cases near the hospital so that they could obtain the necessary final treatment after discharge from hospital without remaining as in-patients.

In addition to these cases a number of tuberculosis cases suffering from bone and joint diseases have been treated at Alton. During the year 5 cases have been sent, and on January 1st, 1929, there were 9 cases there still under treatment.

A very large number of crippled children have been seen at the different clinics, as shown in the tables. Some of them suffer from several defects and in others a definite diagnosis has either not been made or has not been recorded on our records. The statement given below, while not a complete classification, gives a good idea of the types of cases which have been dealt with at the Clinics.

**Cases seen at the Clinics during 1928 for the first time.**

Tuberculosis of bones and joints ...	...	...	...	11
Spastic paraplegia ...	...	...	...	11
Infantile paralysis (poliomyelitis) ...	...	...	...	19
Osteo-myelitis ...	...	...	...	4
Congenital dislocation of the hip ...	...	...	...	6
Club foot ...	...	...	...	30
Claw foot ...	...	...	...	2
Rickets ...	...	...	...	105
Knock knees (mostly old rickets) ...	...	...	...	41
Scoliosis ...	...	...	...	6
Torticollis ...	...	...	...	6
Diseases and injuries of the toes ...	...	...	...	7
Postural deformities:—				
General defects of posture ...	...	...	...	107
Flat foot (often with other postural deformities) ...	...	...	...	45
Kyphosis ...	...	...	...	1
				153
Other defects and deformities ...	...	...	...	39
				440

The number of new cases seen is 108 more than in the previous year, while the type of crippling defect seen is altering in the desired direction. Poliomyelitis, congenital dislocation of the hip, and spastic paraplegia cases are diminishing and very many more postural defects such as lateral curvature of the spine, flat feet and generally defective posture are much more numerous. As in previous years

rickets and deformities resulting from rickets still hold the chief place as the most common individual cause of deformities. When the rickets scheme is fully operative these defects should be almost entirely eliminated.

A large number of cases have been provided with suitable splints and appliances. During 1928, 72 splints, etc., were supplied, 60 being calipers or other irons, while 76 alterations to ordinary boots were ordered and supervised, and 9 pairs of surgical boots provided. In addition a large number of plaster of Paris splints were fitted. These appliances are obtained from the Oswestry and Wingfield Orthopædic Hospitals, as well as from the Bath Orthopædic Hospital. There still has been a good deal of delay in delivery.

X-ray photographs of cases are required in a number of instances, either to aid in making the diagnosis or as a guide to the treatment required. Arrangements have been made with 9 hospitals or individuals for X-ray photographs. The usual agreed scale is 10s. 6d. per plate, but many cases require two plates. It is important to arrange with as many centres as possible as the transport of these cases is always a difficulty.

Treatment by artificial light is useful in a few cases, especially with crippling due to rickets which is still active, and this is being given at the four centres (Bridgwater, Weston-super-Mare, Yeovil and Minehead) where light treatment has been established.

The cost of the Orthopædic Scheme is apportioned between the County Education Committee, the Tuberculosis Sub-Committee and the Maternity and Child Welfare Sub-Committee. The proportion of tuberculosis cases seen and admitted to hospital has been fewer than anticipated and the Education Committee cases correspondingly more numerous, so that the major cost at present is falling upon the Education Committee.



The total expenditure upon the Orthopædic Scheme shared between the three Committees for 1928 is as follows:—

#### EXPENDITURE.

##### I. In-patients.

	£	s.	d.
Bath Orthopædic Hospital ... ..	3,551	16	0
Boarded-out cases ... ..	22	7	0
Travelling expenses to Hospital ... ..	8	2	1

##### II. Out-patients.

(a) Splints and appliances ... ..	50	15	0
(b) Orthopædic Surgeon (services and travelling expenses) ... ..	246	4	6
(c) Nursing assistance: Miss Mayor (salary and travelling expenses) ... ..	527	1	7
Holiday substitute ... ..	21	19	9
(d) Travelling expenses of cases ... ..	31	2	3
(e) Maintenance of County Clinics ... ..	84	6	9
(f) Payments to outside Clinics ... ..	22	11	6
(g) X-ray photographs ... ..	29	16	0
(h) Payments for massage ... ..	55	0	0
(i) Bath City Statutory Hospital ... ..	45	5	6

##### III. Central Office expenses.

Clerical assistance, printing, postage, stationery, etc....	143	15	9
	<hr/>		
	£4,840	3	8
	<hr/>		

#### RECEIPTS.

	£	s.	d.
In-patient payments ... ..	216	15	0
From Dorset and Local Authorities in the County ...	73	17	10
Payments towards splints and appliances ... ..	22	12	6
	<hr/>		
	313	5	4
	<hr/>		
Nett expenditure ... ..	£4,526	18	4
	<hr/>		

This is £793 more than for the previous year. £573 of this is due to the extra six beds authorised from April 1st to the end of the year, while the balance of £220 is more than accounted for in the drop of receipts from Local Authorities (£241).

**The prevention of crippling conditions.** Great attention has been paid to this side of the work. During the year 212 fresh cases of early rickets or suspected rickets were reported and all these were given medical or other treatment. Only a few had to be transferred to the Orthopaedic Clinics for advice and surgical treatment if necessary.

The work on postural defects has been extended and a definite scheme evolved along three lines. Miss Marjory Smith with special qualifications and experience in remedial work has been appointed Woman Organising Inspector of Physical Training, and has been working in the County since April, 1928.

The three lines of development have been:—

1. Suitable desks and chairs.—In co-operation with Dr. Forrester Brown a suitable type of desk and chair was selected and adopted. The desk is of dual type, while the chairs are separate and of special pattern as regards conformity to those points which are essential if satisfactory posture is to be obtained when seated. Of course, varying sizes are necessary for children of different ages. These are being introduced into the schools as rapidly as possible.
2. Courses of instruction to Teachers in regard to physical training.—During the year 12 courses have been held at Dulverton, Bridgwater, Ilminster, Peasedown, Radstock, Frome, Midsomer Norton and Clevedon. The average attendance of teachers at each course has been 25. Posture problems are made a special feature of these courses.
3. Classes for children selected as showing definite postural defects.—The procedure for these cases is as follows:—

The Medical Inspectors of the schools selected rapidly examine all the children, undressed sufficiently for the purpose, and pick out those with postural defects which require rectification. In general children under 8 years are not selected.

After communication with the parents, etc., these are grouped into classes with about 10 to 12 children in each class. These are taken by Miss Smith twice a week, each class lasting about 30 minutes. The exercises are specially selected and have been adopted after consultation with Dr. Forrester Brown. The courses continue for about a term and it is proposed that they should then be continued by specially selected teachers.

Careful records are kept and remarkable progress is shown by most of the children. Nearly all of them display much keenness and like attending the classes, while a good many practise them also at home as instructed.

The work was only started in May and to the end of the year the new classes held were:—

In Frome area 5 classes for boys and 8 classes for girls.

In Radstock and Midsomer Norton area 5 classes for boys and 6 classes for girls.

In addition 7 revision classes at Frome were held in the Autumn.

### SCHOOL CLINICS.

The School Clinics at Weston-super-Mare and Frome were opened in 1920 and have fulfilled, and continue to fulfil, most useful functions in providing facilities for the more detailed examination of children referred from medical inspection and other special cases, and for the treatment of eye, ear and skin diseases and minor ailments. Children are only accepted for treatment on the recommendation of head teachers, school care visitors and attendance officers, and only if not obtaining treatment from their own doctors. The tables show the work accomplished last year.

In addition to these two regular clinics the temporary clinics at Welton and Radstock, opened to deal with ringworm, were continued. Fifty children suffering from ringworm of the scalp attended and were treated. Of these 31 were cured and 14 were under treatment at the end of the year. The children made 233 attendances at the clinics. It is proposed to extend the clinic at Radstock to deal with other minor ailments as at Frome and Weston-super-Mare.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attend-ances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools	49	—	—	—	—	49	65
Re-examined from 1927	6	—	—	—	—	6	15
External eye diseases	2	12	1	—	3	18	115
Ear diseases: Otorrhœa, etc.	2	9	—	—	6	17	215
Deafness	2	3	2	—	—	7	28
Ringworm: Body	—	5	—	—	—	5	13
Scalp	5	7	—	—	2	14	294
Infected skin diseases (Impetigo, Scabies, etc.)	2	129	—	—	1	132	356
Eczema and other skin diseases	3	9	1	—	1	14	39
Other conditions	49	13	4	—	—	66	98
<b>Totals</b>	<b>120</b>	<b>187</b>	<b>8</b>	<b>—</b>	<b>13</b>	<b>328</b>	<b>1,238</b>

22

Total individual children examined or treated = 303.

## FROME SCHOOL CLINIC.

## SUMMARY OF WORK, 1928.

Reason for examination or treatment.	Examined only.	Treated.				Total examined or treated	Attend-ances at Clinic.
		Cured.	Improved.	Unrelieved	Under treatment, etc.	Total treated.	
Fitness for School or Special Schools	—	—	—	—	—	—	—
Re-examined from 1927	12	—	—	—	—	12	32
External eye diseases	—	5	—	—	—	5	34
Ear diseases: Otorrhœa, etc.	—	10	7	—	5	22	104
Deafness	—	5	2	—	1	8	21
Ringworm: Body	—	4	—	—	1	5	26
Scalp	1	5	—	—	7	13	169
Infected skin diseases (Impetigo, Scabies, etc.)	—	34	—	—	1	35	98
Eczema and other skin diseases	—	7	—	—	2	9	32
Other conditions	38	15	8	—	35	96	315
<b>Totals</b>	<b>51</b>	<b>85</b>	<b>17</b>	<b>—</b>	<b>52</b>	<b>205</b>	<b>831</b>

Total individual children examined or treated = 188.



### VERMINOUS CONDITION OF SCHOOL CHILDREN.

The equivalent of the time of two whole time School Nurses was available for this and allied school work. All the Health Visitors did some of this work. The children examined were 19,387 boys and 21,648 girls, and of these, 364 boys (1.9 per cent.) and 1,279 girls (5.9 per cent.) were found verminous. During the year 168 children were excluded as belonging to the persistently verminous group. Most of these cleaned up, at least temporarily, under pressure.

The following table shows the inspections made and the results. The percentages shown do not accurately indicate the relative verminous conditions in the different areas since so much depends upon the children and schools selected. No regular examination of all the children in all the schools has been undertaken for many years as the staff available does not permit this to be done. Attention is now concentrated upon the specially dirty children and the few schools which contain a high proportion of such children. The schools are vastly cleaner as compared with years ago.

Sanitary Area.	Number of children inspected.		Excluded.	Prosecuted.	Percentage Verminous.	
	Boys.	Girls.			Boys.	Girls.
Axbridge ... ..	724	711	3	1	2.9	9.3
Burnham-on-Sea ...	0	0	—	—	—	—
Highbridge ... ..	0	0	—	—	—	—
Weston-super-Mare	852	1,033	3	0	4.8	8.6
Bath Rural ... ..	1,373	1,270	13	0	1.0	3.7
Bridgwater Rural ...	383	385	2	0	1.6	3.4
Chard Urban ... ..	0	78	0	—	—	10.0
„ Rural ... ..	371	358	2	2	1.3	5.3
Crewkerne ... ..	77	161	0	—	0.0	5.6
Ilminster ... ..	58	48	0	—	0.0	6.0
Clutton ... ..	1,686	1,601	13	1	2.4	10.0
Midsomer Norton ...	805	1,594	1	0	1.2	4.9
Radstock ... ..	239	398	0	—	0.4	6.5
Dulverton ... ..	299	283	0	—	1.0	3.2
Frome Urban ... ..	130	674	9	0	2.3	3.4
„ Rural ... ..	1,060	1,106	0	—	2.2	3.3
Keynsham ... ..	525	541	4	0	3.0	7.0
Langport ... ..	1,737	1,782	13	0	1.3	5.3
Long Ashton ... ..	289	277	1	0	4.5	8.3
Clevedon ... ..	159	171	4	0	3.1	11.1
Portishead ... ..	128	117	0	—	0.0	3.4
Shepton Mallet U....	328	417	3	0	1.8	4.3
„ R....	1,049	996	5	0	1.6	5.2
Taunton Rural ... ..	1,050	1,070	18	0	2.0	6.3
Wellington Urban ...	41	157	0	—	0.0	16.6
„ Rural ... ..	188	216	9	0	1.6	12.0
Wiveliscombe ... ..	0	0	—	—	—	—
Wells Urban ... ..	215	300	0	—	1.9	7.3
„ Rural ... ..	333	318	2	0	4.8	6.6
Glastonbury ... ..	169	0	0	—	0.6	—
Street ... ..	0	0	—	—	—	—
Williton ... ..	1,461	1,290	9	4	1.1	7.1
Minchhead ... ..	217	334	0	—	0.9	4.7
Watchet ... ..	319	252	0	—	1.3	6.0
Wincanton ... ..	1,492	2,059	22	0	1.6	3.4
Yeovil Rural ... ..	1,630	1,651	32	2	1.5	5.4
	19,387	21,648	168	10	1.9	5.9

### RINGWORM.

This disease continues to diminish in importance as a cause of loss of school attendance. At the end of 1928 there were only 85 cases known to the Health Department—by far the lowest number recorded. The greatest number of cases were in Clutton Rural, 13; Frome Urban, 10; Yeovil Rural, 8; Axbridge Rural, 7; Frome Rural, 7; and Bath Rural, 6.

There were no known cases in 420 schools, one case in 19 schools, two cases in 12 schools, three in 2, four in 5, five in 2, and six or more in 1 school. The three schools with five or more cases are Frome Council (5), Chilthorne Domer (5), and Paulton C.E. (6).

District Nurses, under the arrangements made by the County Education Committee, assisted in the treatment of 29 fresh cases. Of the 85 known cases, in 33 District Nurses are assisting in the treatment, as compared with 47 in the previous year. Three new cases were given X-ray treatment during the year for ringworm and this treatment was completed for 8 children, all of whom were certified as cured. Drug treatment is given at the Weston-super-Mare and Frome School Clinics and at temporary clinics at Radstock and Midsomer Norton.

**Attendance of Cases at School under the Special Conditions.** The following table classifies the known head ringworm cases at the end of the year according to whether attending school under the scheme or not.

Attending under the scheme as far as is known ...	66
Excluded: Refused scheme ... .. 12	
,, Failure to comply with cap conditions	1
,, Suffering from extensive ringworm or on parts not covered by cap ...	3
,, Age under 5 ... ..	3
Total excluded ... ..	19
	<hr/>
	85
	<hr/>

The above figures show that as regards ringworm of the head, 78 per cent. of the children suffering are attending school under the special conditions.

Fifty-five cases of ringworm of the body were reported and excluded until cured. The majority were back at school within a few weeks.

## SECONDARY SCHOOLS.

All the maintained Secondary Schools are systematically inspected but the staff available has not permitted the Aided Schools to be included during 1928, but these schools are given the option of having their pupils inspected by a local doctor. The Wells Blue Schools and the two Ilminster Schools have made an arrangement of this kind.

The number of scholars examined last year and the results obtained are shown below :—

### ROUTINE MEDICAL INSPECTIONS.

				Boys.	Girls.	All.
Entrants	...	...	...	61	83	144
Intermediates	...	...	...	127	176	303
Leavers	...	...	...	106	104	210
				<hr/>	<hr/>	<hr/>
Totals	...	...		294	363	657

### OTHER INSPECTIONS.

				Boys.	Girls.	All.
Specials	...	...	...	2	18	20
Re-inspections	...	...	...	77	102	179
				<hr/>	<hr/>	<hr/>
Totals	...	...		79	120	199

The defects found among the Secondary School scholars are enumerated in the accompanying table. The figures include specially presented as well as routine children, which prevents them from being compared closely with those from the Elementary Schools as regards the prevalence of defects.

Medical treatment for Secondary School scholars has not been provided, but any suspected to be suffering from tuberculosis are referred to the nearest Tuberculosis Dispensary for further examination and, if necessary, treatment; and pupils with defective eyesight, who are not receiving treatment elsewhere, are offered special examination by the County Oculist. Last year such further examination was offered 59 pupils, and accepted by the parents of 44.

Of the 677 scholars examined as routine or special cases 68 were found to be already wearing spectacles. Where these spectacles appeared to be unsuitable, further examination was offered.

## Defects found in Secondary School Children.

Condition.						Number of defects.	Number referred for treatment.	Number referred for observation.
Malnutrition	...	...	...	...	...	49	4	0
Uncleanliness	...	...	...	...	...	1	1	0
Skin Disease	...	...	...	...	...	1	1	0
Ringworm: Head	...	...	...	...	...	0	0	0
Body	...	...	...	...	...	0	0	0
Defective vision	...	...	...	...	...	148	57	19
Squint	...	...	...	...	...	2	0	0
Eye disease	...	...	...	...	...	14	8	0
Defective hearing	...	...	...	...	...	5	3	2
Ear disease	...	...	...	...	...	6	3	0
Nose and Throat disease:								
Tonsils slightly enlarged	...	...	...	...	...	104	5	8
„ considerably enlarged	...	...	...	...	...	23	6	4
Adenoids: Slight	...	...	...	...	...	22	0	1
„ Marked	...	...	...	...	...	2	1	1
Other conditions	...	...	...	...	...	35	2	0
Teeth: Dental disease	...	...	...	...	...	250	14	1
Enlarged cervical glands	...	...	...	...	...	86	2	3
Defective speech	...	...	...	...	...	5	0	1
Heart Disease:								
Organic	...	...	...	...	...	5	5	0
Functional	...	...	...	...	...	3	0	3
Anæmia	...	...	...	...	...	20	7	3
Lung disease (non-tubercular):								
Bronchitis	...	...	...	...	...	1	0	1
Other diseases	...	...	...	...	...	1	0	0
Tuberculosis:								
Pulmonary—Definite	...	...	...	...	...	1	1	0
Suspected	...	...	...	...	...	0	0	0
Non-Pulmonary	...	...	...	...	...	0	0	0
Disease of the nervous system:								
Chorea	...	...	...	...	...	0	0	0
Other	...	...	...	...	...	5	0	0
Deformities	...	...	...	...	...	90	26	8
Enlarged Thyroid or Goitre	...	...	...	...	...	13	0	0
Other defects and diseases	...	...	...	...	...	11	4	3

## EXCEPTIONAL OR DEFECTIVE CHILDREN.

Table III. at the end of this report summarises and classifies all the children who were on the Special Registers of the School Medical Department at the end of 1928. Any child suffering from more than one defect is recorded only in that class of defect which determines the special education or treatment required.



For the purpose of calculating the incidence of defectives per 1,000 of the school children, the number of scholars on the elementary school registers last year is estimated at 42,976. The incidence calculated in this way is not strictly accurate, as normal children leave school at 14 years, while most of the defective children are retained on the Special Registers until 16 years of age.

### **Blind Children.**

All children found or reported to be suffering from defective eyesight are referred to the County Oculist for examination, and any found to be "blind" or "partially blind" are certified accordingly.

The 15 "blind" children recorded in Table III. represent an incidence of 0.3 per 1,000; and the 76 "partially blind" children, an incidence of 1.8 per 1,000 of the school population.

Admission to Blind Schools or Institutions is offered to all "blind" children, if they are of suitable age and mentally and physically fit for special education. Institutional cases on attaining the age of 16 years are transferred, if suitable, to the Higher Education Committee for further training.

Special Day Classes for "partially blind" children (and the same applies to "partially deaf" children) are desirable, but their provision in a large county with scattered schools is impossible in practice. Bad-sighted or myopic children must remain in the elementary schools, but the Head Teachers are directed how to give them oral and such other instruction as is possible without detriment to their eyesight.

### **Deaf Children.**

Children reported to be deaf are specially examined, and, if necessary, certified as "deaf" or "partially deaf." All "deaf" children are sent to certified Deaf Schools or Institutions, if they are of suitable age and mentally and physically fit for special education. In two instances parents have refused, for reasons which cannot be legally contested, to allow their children to leave home.

The 38 "deaf" and 7 "partially deaf" children recorded in Table III. represent an incidence of 0.9 and 0.16 per 1,000 respectively of the school population.

### **Mentally Defective Children.**

At the end of 1927 the Special Register contained the names of 349 feeble-minded children—206 boys and 143 girls. During the past year 32 boys and 25 girls, a total of 57 children, were certified as feeble-minded and their names added to the Register, while the names of 39 boys and 38 girls, a total of 77, were deleted owing to the children having attained the age of 16 years, removed from the County, died, or been re-graded; leaving a net total of 329 (199 boys and 130 girls) on the Special Register at the end of the year.

These 329 feeble-minded children are equivalent to 7.6 per 1,000 of the total number of children on the registers of the Elementary Schools.

**Mental Examinations.**—During the past year 129 children were examined and certified for the first time, and 15 were re-examined for re-grading or certification for Special Schools or Institutions.

The results of these examinations are shown below :—

				Schedule A.		Schedule B.		Schedule C.			
				Fit for education in an Elementary School.	Fit for Special Class for dull and backward children.	Fit for Special School.	Unfit for Special School.	Totals.			
First examination—											
Boys	...	...		4	37	32	1	74			
Girls	...	...		1	15	25	14	55			
				— 5	— 52	— 57	— 15	— 129			
Re-examined—											
Boys	...	...		1	3	6	0	10			
Girls	...	...		0	1	3	1	5			
				— 1	— 4	— 9	— 1	— 15			
				6	56	66	16	144			

The periodical mental examinations made at the Special Schools are not included in this table.

The District School Medical Inspectors are responsible for the examination of all suspected mentally defective children of school age in their areas. Dr. Remmett Weaver, the Assistant County School Medical Officer, is responsible for the Weston-super-Mare area and the Street Special School, and he also acts as one of the Medical Officers of the Mental Deficiency Acts Committee. In addition to examinations included in the above table, he last year made 23 examinations for the Mental Deficiency Acts Committee. Dr. W. G. Parker is Visiting Officer for the Sandhill Park Special School for Girls and Farm Colony.

### Epileptic Children.

The classification of epileptic children is not easy as the severity and frequency of the attacks vary from a mild fit once or twice a year to numerous severe fits daily.

Excluding children with mental defect, the majority of the juvenile epileptics in the County are of the milder grade: as will be seen from Table III., 16 are classified "severe" and 36 "not severe," equivalent to an incidence of 0.4 and 0.8 per 1,000 of the school population respectively.

When epileptic children are examined by the School Medical Inspectors, the appropriate form of treatment is considered and, where institutional care seems necessary, this is advised. The number of children who can be sent to Epileptic Colonies, however, is very limited; at present only five are being so dealt with. A few of the children who would be suitable for colony treatment on account of the frequency or severity of their fits are unable to be so dealt with as Epileptic Colonies refuse to admit children with any signs of mental deficiency or deterioration. Most children suffering with epilepsy can get adequate treatment from their own doctors or at hospitals and can safely attend school, where they benefit by regular supervision and control.

### **Physically Defective Children.**

Cases of tuberculosis are dealt with through the Tuberculosis Section of the Health Department. It has not been found possible to classify the tuberculous children into the groups suggested by the Board of Education Circular No. 1321, Table III. All tuberculous children are periodically examined and certified as to their fitness for school and no child in an infectious condition is permitted to attend school.

Crippled children are recorded in Table III. and the details of the County Orthopædic Scheme are discussed on pages 15-21.

## **EDUCATION AND CARE OF DEFECTIVES.**

**Sandhill Park Institution and Special School.** This was opened in 1925, as a Certified Institution under the Board of Control to provide accommodation for 72 female defectives, and as a Residential Special School under the Board of Education for 47 and more recently for 56 feeble-minded girls. The Sandhill Park Scheme is being developed and separate hostels will be provided for feeble-minded boys and girls and for adult male defectives, the mansion being reserved for women. There will also be a separate school building. The plans have now been approved and building will commence shortly.

During the past year 10 girls were admitted to the Special School and 11 discharged. Last term there were 48 girls at the school but, owing to five having attained the leaving age before Christmas, there were only 43 girls in residence at the end of the year. Eight of these girls belong to the Borough of Taunton, one to the Borough of Bridgwater and one to Devon.

**Street Special School.** Since September, 1925, "The Grange," Street, has been used as a Special School for Boys. The accommodation is for 40, and at the end of 1928 there were 39 boys at the school, the one vacant place being filled on January 1st of the present year. One child belongs to Taunton and one to Bridgwater.



In addition to the 39 boys at Street, there were 12 feeble-minded boys at the Western Counties Institution, Starcross, and one at Litchfield on December 31st. During the past year, two feeble-minded boys at Starcross, one at Littleton House, Cambridge, and one at Mouyhull attained the leaving age.

Last year three applications were made to the Magistrates for Attendance Orders at Special Schools and one for a Variation Order. All four Orders were granted.

**Yatton Hall.** This Institution was established in 1917 by the Somerset Association for the Care of the Mentally Defective. It was taken over by the Mental Deficiency Acts Committee in 1919, and extensions were subsequently made to provide accommodation for 76 patients. It is primarily intended for low-grade defectives. At the end of 1928 there were in residence 29 boys and 18 girls of school age in addition to older defectives.

**Occupation Centres.** Since 1920 the Somerset Association for Mental Welfare has provided very useful Occupation Centres in various parts of the County under the supervision of Miss Penrose. Last year the Centres at Taunton, Weston-super-Mare, Bridgwater, Street and Frome were continued. With the exception of Bridgwater and Street the classes are now held on five days per week.

All but two of the children attending the Taunton and Bridgwater Centres belong to those Boroughs, but in December last there were on the registers 20 children of school age (including one imbecile and one uncertified girl) and an older defective boy belonging to the County.

**Special Day Classes.** The County Education Committee has no Special Day Classes for mentally defective children. These children are too widely scattered throughout the County for Special Classes to be formed successfully in any centre. As fully discussed in my Report for 1926, an alternative scheme would be to establish special "Coaching" or "Practical" Classes for dull and backward children, and to include in these the higher grade feeble-minded children. In this way the ordinary classes would be relieved of a proportion of scholars who profit little from the regular methods of instruction but hamper the progress of the normal ones. The number of children suitable for such classes is considerable, possibly from 5 to 10 per cent. of the school population, according to the standard of classification adopted, and such numbers should enable successful classes to be formed in all but the more rural areas. The possibility of providing for these educational misfits is indicated by the successful redistribution of the children of so many local schools to form Central Senior and Junior Schools. So much having thus been done to improve the educational facilities for normal children, it seems logical not to allow the reorganised schools to be hampered with these educationally sub-normal children, who are doing little good for themselves and harm to the others.



As a preliminary to a general scheme of Coaching or Practical Classes, a few experimental classes might be tried in some of the larger schools or centres of population.

**After Care of Mentally Defective Children.** The Somerset Association for Mental Welfare through its officers and Voluntary Visitors is doing valuable work in following up and assisting defective children who have left school.

### SCHOOL HYGIENE.

**Sanitary Condition of Schools.** The importance of schools being in a sanitary and healthy condition is twofold. Defects such as faulty lighting, inadequate ventilation, or insufficient washing facilities may be directly prejudicial to the health of the children, while also schools are the centres for education and not the least important are the lessons imperceptibly taught to the children by a sanitary environment.

It is part of the duty of School Medical Inspectors to report upon the sanitary condition of school premises and 425 reports were received, as well as 7 upon Secondary Schools. In 257 cases no defects were found or at least adversely reported upon. In 39 the defects were of a minor character and not followed up. In the remaining 129 instances the reports were referred to the Education Office to deal with. These, with the results obtained as regards their remedy, are summarised in the following table. The number is considerably more than 129, as many schools showed more than one defect.

Nature of defect found.	Action taken.				Total.
	Remedied.	Improved.	Pending.	No action taken.	
Structural defects of offices ...	10	0	13	5	28
Defects in usage of offices ...	5	0	3	0	8
Water supply ... ..	1	0	8	0	9
Ventilation defective ... ..	12	0	18	2	32
Lighting defective ... ..	4	0	11	3	18
Want of cleanliness ... ..	1	0	1	1	3
Defective cloakrooms ... ..	2	0	7	0	9
Repairs or redecoration required	17	0	5	0	22
Desks unsuitable ... ..	24	0	27	4*	55
Defective playground ... ..	1	0	11	0	12
Deficient heating ... ..	3	0	2	0	5
Other defects ... ..	2	0	6	0	8
	82	0	112	15	209

\*In one case the Managers object to new type of desk.

**Hygiene Instruction in Schools.** A considerable amount of work was done during the year up to the end of July but none during the Autumn term as Miss Hobbs had left the County service and the post was not filled until January 1st, 1929.

During the year the special course on Physiology and Hygiene for teachers was given in four centres. These were at Clevedon (12, average attendance), Highbridge (21), Chard (32) and Langport (24, average attendance). Each course consisted of 9 lectures given once a week, while in addition a further lecture on Sex Hygiene was given to the women teachers and one to men teachers by a medical member of the staff. These lectures should improve materially the teaching of hygiene to the school children.

The Board of Education Handbook of Suggestions on Health Education, of January, 1928, has been discussed with the teachers and recommended at all the courses.

Lists of suitable books and posters have been prepared and are kept well up to date. These can be obtained by Head Teachers through the County Education Office. Many health posters have been distributed in the schools.

Most teachers welcome short talks on health matters to the children, and the opportunity of the lecturer being in the district often enables such a talk to be given. Eighty such talks were given during the year.

In addition, at the centres where the Infant and Child Welfare Exhibitions have been held, arrangements have been made for the senior girls to attend usually before the Exhibitions have been open to the general public, and health talks and demonstrations have been given to them by Miss Hobbs, Health Visitors and others. Patterns of model little children's garments have been loaned to teachers, in order that the girls could make such garments in the schools.

The Health and Cleanliness Council have continued to supply free painting books for distribution to school children in the schools when Health Talks have been given—1,000 of these have been distributed this year. In addition many calendars and health propaganda postcards have been given away.

**Physical Training.** I am indebted to the County Education Secretary for the following particulars of the work of the Physical Training Instructors:—

The vacancy for the woman instructor was filled in March, 1928, by the appointment of Miss M. A. Smith. It has therefore been possible for a greater number of schools to be visited, and for more classes in Physical Training for teachers to be undertaken.

The visits to the schools by the instructors are undoubtedly proving very helpful to the teachers and tending to improvement in the standard of attainment in physical training and organised games.

Classes in Physical Training for men and women teachers have been undertaken during the past year at Ilminster, Bridgwater and Frome, the two last named classes each being divided into three sections owing to the numbers attending. A similar class at Midsomer Norton attracted 120 teachers and had to be taken in four sections, and another at Clevedon had 62 teachers taken in two sections. Other classes were held at Taunton and Dulverton.

The attendance and enthusiasm of teachers attending these courses is very gratifying, and the beneficial effect on the Physical Training in the schools has been noted by the organisers.

A notable development of the classes for teachers has been the formation of teachers' games clubs where the teachers themselves play games which they will introduce into their schools.

Inter-school football is making steady headway under the auspices of the Somerset County Schools Games Association, and it is hoped that the Association will also be able to encourage net ball for girls. During the summer term athletic meetings were held in 20 areas and children from 18 of these areas entered for the final meeting at Taunton, where representatives from 162 schools competed.

At the inter-county athletic meeting in London, Somerset was represented by 43 boys and girls against teams from 22 other counties. At this meeting, two boys shared third place with two from other counties in the high jump, and county representatives were well placed in the long jump for boys, long jump for girls and high jump for girls.

In connection with the scheme for the prevention of crippling conditions, Miss Smith has devoted a substantial portion of her time to the giving of remedial exercises to children selected by the Medical Inspectors, and has given courses at Frome, Midsomer Norton and Radstock. At the teachers' classes referred to above, the Instructors give a talk on Postural exercises with a practical demonstration of their application, and whenever opportunity arises in connection with their school visits the Instructors give a short talk on 'Posture' to the children. Opportunity is also being taken of giving information to the teachers regarding the correct measuring of children for the new type of desk and chair which has been adopted for schools so that the greatest benefit to the children may be attained.

## INFECTIOUS AND CONTAGIOUS DISEASES IN SCHOOLS.

During the year 72 schools or departments were closed on account of infectious disease; 45 under Article 23 (b) of the Code by the School Medical Officer, and 27 under Article 22 by the Sanitary Authority on the advice of their Medical Officer of Health.

The Schools were closed for the following diseases:—

Measles	...	...	...	...	...	...	46
Whooping cough	...	...	...	...	...	...	7
Measles and whooping cough	...	...	...	...	...	...	1
Scarlet fever	...	...	...	...	...	...	11
Diphtheria	...	...	...	...	...	...	3
Influenza	...	...	...	...	...	...	2
Chicken pox	...	...	...	...	...	...	2
							72
							72

So far as possible schools are not closed for infectious disease and reliance is placed upon the exclusion of cases and suspected cases.

Under the Regulations of the Board of Education 261 certificates for weekly attendance below 60 per cent. were issued in respect of 105 schools or separate departments.

The cases excluded by the School Medical Officer or his Assistants during the year were 342. Of these, 86 were for ringworm, 10 for verminous condition of head or body, 80 for other skin diseases, while the remainder were for a variety of conditions. In addition, 93 cases of actual or suspected phthisis and 31 of other varieties of tuberculosis were excluded by the County Tuberculosis Officers.

### LABORATORY.

During the year 10,574 samples and specimens were examined in the County Laboratory. The greater number were in connection with Public Health work. 6,010 suspected diphtheria swabs were examined, the majority being from children of school age; 472 specimens of hairs and stumps from suspected ringworm cases were examined; of these, 211 showed the ringworm fungus, while the remaining 261 were negative. Of these 472 specimens, 372 were taken by the School Medical Inspectors or the Health Visitors, and 100 were examined for private practitioners and district nurses.



**TABLE I.**

Number of Children Inspected 1st January, 1928, to 31st December, 1928.

**A.—Routine Medical Inspections.**

Number of Code Group Inspections.				Boys.	Girls.	Total.
Entrants	...	...	...	2796	2488	5284
Intermediates	...	...	...	2855	2631	5486
Leavers	...	...	...	2265	2140	4405
				7961	7259	15175
Number of other Routine Inspections	...	...	...	145	133	278
Total	...	...	...	8061	7392	15453

**B.—Other Inspections.**

Number of Special Inspections	...	...	...	836	927	1763
Number of Re-inspections	...	...	...	4078	3866	7944
Total	...	...	...	4914	4793	9707

TABLE II.

A.—Return of Defects found in the course of Medical Inspection, 1928.

DEFECT or DISEASE.						Routine Inspections.		Specials.	
						No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.	No. referred for treatment.	No. requiring to be kept under observation, but not referred for treatment.
(1)						(2)	(3)	(4)	(5)
Malnutrition	...	...	...	...	...	189	43	58	5
Uncleanliness—									
Head	...	...	...	...	...	180	4	45	1
Body	...	...	...	...	...	13	4	8	0
Skin	...	Ringworm—							
		Head	...	...	...	22	0	23	1
		Body	...	...	...	5	0	7	0
		Scabies	...	...	...	5	0	2	0
		Impetigo	...	...	...	46	0	38	0
Eye	...	Other Diseases (Non-Tubercular)							
		Blepharitis	...	...	...	28	5	14	0
		Conjunctivitis	...	...	...	72	10	41	6
		Defective Vision	...	...	...	13	1	8	0
		Squint	...	...	...	725	329	290	30
Ear	...	Other Conditions	...	...	...	165	26	23	3
		Defective Hearing	...	...	...	29	8	10	2
		Otitis Media	...	...	...	53	13	25	8
		Other Ear Diseases	...	...	...	47	14	42	3
		Tonsils—				21	3	10	4
Nose and Throat	...	Slightly Enlarged	...			126	558	59	39
		Considerably Enlarged				490	128	252	21
		Adenoids—							
		Slight	...	...	...	230	278	119	19
		Marked	...	...	...	59	11	35	5
Enlarged Cervical Glands (Non-Tubercular)		Other Conditions	...	...	...	39	48	23	10
		Defective Speech—				24	120	18	21
		Stammer, etc.	...	...	...	3	4	0	1
		Educational Defects	...	...	...	8	17	3	2
		Teeth—Dental Diseases	...	...	...	211	29	53	4
Heart and Circulation	{	Heart Diseases—							
		Organic	...	...	...	56	7	38	1
		Functional	...	...	...	8	79	3	8
		Anæmia	...	...	...	207	43	51	8
		Bronchitis	...	...	...	31	77	16	8
Lungs	...	Other Non-Tubercular Diseases							
		Pulmonary—				5	15	2	2
		Definite	...	...	...	19	6	3	0
		Suspected	...	...	...	10	79	4	50
		Non-Pulmonary	...	...	...	9	5	2	2
Nervous System	...	Epilepsy	...	...	...	8	9	1	6
		Chorea	...	...	...	7	1	6	1
		Other Conditions	...	...	...	10	31	19	7
		Rickets	...	...	...	13	6	3	0
		Spinal Curvature	...	...	...	22	6	5	0
Deformities	...	Other forms	...	...	...	423	103	192	5
		Goitre	...	...	...	135	32	67	9
		Other Defects and Diseases	...	...	...	244	54	130	21

**B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).**

GROUP.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
(1)	(2)	(3)	(4)
CODE GROUPS :			
Entrants ... ..	5284	937	17.7
Intermediates ... ..	5486	710	12.9
Leavers ... ..	4405	573	13.0
Total (code groups) ... ..	15175	2220	14.5
Other routine inspections ...	278	52	18.3

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	Totals.	
BLIND (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools for the Blind ... 3 Attending Public Elementary Schools ... 0 At other Institutions ... 0 At no School or Institution ... 2	3	7	10	15
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools for the Blind ... — Attending Public Elementary Schools ... 26 At other Institutions ... — At no School or Institution ... 10	—	—	—	76
DEAF (including Deaf and Dumb and partially Deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools for the Deaf ... 20 Attending Public Elementary Schools ... 1 At other Institutions ... — At no School or Institution ... 2	20	11	31	38
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Public Elementary Schools ... 3 At no School or Institution ... 2	3	2	5	7
MENTALLY DEFECTIVE	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ... 37 Attending Occupation Centres ... 9 Attending Public Elementary Schools ... 82 At other Institutions ... 13 At no School or Institution ... 58	37	33	70	329
	Notified to the Local Control Authority during the year.	Feeble-minded (a) Art. 5 ... — (b) Art. 6 ... 1 (c) Other ... — Imbeciles ... 5 Idiots ... 1	—	—	—	28
EPILEPTICS	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ... 4 Attending Public Elementary Schools ... 3 At no School or Institution ... 3	4	1	5	16
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... 20 At no School or Institution ... —	20	16	36	36



TABLE III.—(continued).

PHYSICALLY DEFECTIVE			Boys.	Girls.	Totals.	
	Pulmonary Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... .. At Certified Residential Open-Air Schools ... .. At Public Elementary Schools At no School or Institution ...	1 8 77 24	0 12 60 12	1 20 137 36	194
	Non-Pulmonary Tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... .. At Public Elementary Schools At no School or Institution ...	8 44 19	5 34 17	13 78 36	127
	Delicate Children.	At Certified Residential Open-Air Schools ... .. At Public Elementary Schools At no School or Institution ...	0 38 0	0 31 4	0 69 4	73
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc.	At Certified Hospital Schools ... At Residential Schools for Cripples ... .. At Public Elementary Schools At other Institutions ... .. At no School or Institution ...	6 2 82 1 26	11 1 47 0 15	17 3 129 1 41	191
	Children suffering from severe heart disease	At Public Elementary Schools ... At no School or Institution ...	0 3	1 6	1 9	10

TABLE IV.

Treatment of Defects of Children during 1927.

## A.—Treatment of Minor Ailments.

Disease or Defect.	Referred for treatment.	No. treated.	Results of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
Skin—							
Ringworm—Head ...	60	60	45	11	4	0	100
Body ...	23	22	21	1	0	1	96
Scabies ...	0	0	0	0	0	0	—
Impetigo ...	102	98	97	0	1	4	96
Minor Injuries ...	5	5	5	0	0	0	100
Other Skin ...	23	21	15	2	4	2	91
Ear Diseases ...	156	135	79	35	21	21	87
Eye Diseases (External and other) ...	145	125	54	41	30	20	86
Miscellaneous ...	97	82	59	12	11	15	85
	611	548	375	102	71	63	90

## B.—Treatment of Visual Defect.

No. referred for refraction, etc., 1927.	No. examined by County Oculist.				No. Absent.	No. obtaining treatment elsewhere.	
	For whom spectacles prescribed.	For whom spectacles obtained.	Other forms of treat- ment advised.				No. for whom no treatment necessary.
			Obtained.	Not obtained.			
1,165	935	894	8	0	77	110	5

## C.—Treatment of Defects of Nose and Throat.

Referred for treatment.	No. treated.	Received operative treatment.	Received other forms of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
922	627	375	57	105	90	295	68

**TABLE V.**  
Summary of Treatment of Defects during 1927.

Disease or Defect.	Referred for treatment	No. treated.	Results of treatment.			No. not treated, or no report.	Per cent. treated.
			Remedied.	Improved.	Unchanged		
Minor Ailments ...	611	548	375	102	71	63	90
Visual Defects (including Squint) ...	1165	948*	907	0	41	140	88
Defects of Nose and Throat ...	922	627	432	105	90	295	68
Dental Defects ...	246	150	76	70	4	96	61
Malnutrition ...	287	260	18	197	45	27	91
Defective Hearing ...	117	96	58	20	18	21	82
Defective Speech ...	23	12	0	7	5	11	52
Enlarged Cervical Glands (Non-T.B.)...	31	28	13	8	7	3	90
Heart Disease—							
Organic ...	43	27	0	8	19	16	63
Functional ...	17	11	1	6	3	7	59
Anæmia ...	261	197	50	98	49	64	75
Lung Disease (Non-T.B.) ...	43	36	15	20	1	7	84
Tuberculosis—							
Pulmonary—							
Definite ...	18	18	0	10	8	0	100
Suspected ...	9	9	3	4	2	0	100
Non-Pulmonary ...	12	12	1	10	1	0	100
Disease of Nervous System ...	54	48	16	17	15	6	89
Deformities ...	368	229	21	134	74	139	62
Goitre ...	130	95	4	50	41	35	73
Other ...	301	230	121	90	19	71	76

\*In addition 77 children attended and were examined but no treatment was necessary.

TABLE VI.

Summary relating to Children Medically Inspected at the Routine  
Inspections during the Year 1928.

(1) The total number of children medically inspected at the routine inspections ... ..	15,453	Percentage Prevalence.
(2) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment)	2,169	14.0
(3) The number of children in (1) suffering from:—		
Malnutrition ... ..	991	6.4
Skin Disease ... ..	139	0.9
Defective Vision (including Squint) ... ..	3,271	31.6
Eye Disease ... ..	213	1.4
Defective Hearing ... ..	197	1.9
Ear Disease ... ..	232	1.5
NOSE AND THROAT DISEASE—		
Tonsils—Slightly Enlarged ... ..	2,373	15.4
Considerably „ ... ..	683	4.4
Adenoids—Slight ... ..	844	5.5
Marked ... ..	79	0.5
Other Conditions ... ..	671	4.3
	4,650	30.1
Enlarged Cervical Glands (Non-Tubercular) ... ..	1,928	12.5
DEFECTIVE SPEECH—		
Stammer, etc. ... ..	86	0.6
Educational defects ... ..	268	1.7
	354	2.3
Dental Disease ... ..	10,180	65.9
HEART DISEASE—		
Organic ... ..	68	0.4
Functional ... ..	113	0.7
	181	1.2
Anæmia ... ..	664	4.3
LUNG DISEASE (Non-Tubercular)—		
Bronchitis ... ..	184	1.2
Other Diseases ... ..	29	0.2
	213	1.4
TUBERCULOSIS—		
Pulmonary—Definite ... ..	25	0.2
Suspected ... ..	89	0.6
	114	0.7
Non-Pulmonary ... ..	14	0.1
Disease of the Nervous System ... ..	163	1.1
Rickets ... ..	270	1.7
Deformities ... ..	848	5.5
Goitre ... ..	367	2.4
Other Defects and Diseases ... ..	399	2.6



TABLE VII.

TOTAL 1928 INSPECTIONS.

SEPARATE DISTRICTS.

District.	Elder Children (12 & over).		8—9		3—8		Other Routine Inspections.		Children specially presented				Total.	Approximate Number Children in Average Attendance.	Percentage of Average Attendance Inspected.	Per cent. Routine Inspected 1928.	Medical Inspector.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Re-inspections.		Boys.	Girls.							
							9—11 $\frac{1}{2}$	inspections.									
Axbridge	332	370	410	401	411	349	17	10	69	91	373	438	3,271	5,384	60.8	42.7	Dr. Hibbert, Dr. Walker, Dr. Halliday
Bath	113	102	156	126	140	128	5	70	49	45	167	153	1,194	1,729	69.1	45.1	Dr. Heslop.
Bridgwater	134	122	187	186	179	191	9	9	35	29	140	153	1,374	2,216	62.0	45.9	Dr. Williamson, Dr. Hibbert
Chard	187	157	234	210	206	187	9	6	55	49	477	343	2,120	2,637	80.4	45.4	Dr. Brooks
Clutton	233	194	265	233	225	206	6	9	110	132	537	520	2,670	4,200	63.6	32.6	Dr. Lister
Dulverton	45	22	33	36	40	40	3	2	24	24	72	68	409	524	78.1	42.2	Dr. Parker
Frome	161	152	202	181	183	158	25	15	76	92	370	296	1,911	2,823	67.7	38.2	Dr. Heslop, Dr. Williamson
Kynsham	70	45	47	55	110	93	10	4	35	45	119	96	729	939	77.6	46.2	Dr. Heslop, Dr. Williamson
Langport	89	90	137	115	146	132	2	5	28	26	205	181	1,156	1,518	76.2	47.2	Dr. Brooks
Long Ashton	174	152	216	191	196	163	8	16	48	50	150	169	1,533	2,950	52.0	37.8	Dr. Hibbert, Dr. Halliday
Shepton Mallet	74	100	94	98	130	106	13	4	18	19	133	138	927	1,649	56.2	37.5	Dr. Hibbert, Dr. Brooks
Taunton	84	87	142	116	156	115	4	4	73	78	261	263	1,383	1,911	72.4	37.0	Dr. Parker
Wellington	89	78	133	99	116	117	1	3	65	84	248	218	1,251	1,590	78.7	40.0	Dr. Parker
Wells	156	139	183	172	188	158	7	7	37	38	158	150	1,393	2,666	52.3	37.9	Dr. Hibbert
Williton	119	130	135	145	121	117	6	7	67	59	275	276	1,457	1,960	74.3	39.8	Dr. Parker
Wincanton	108	108	135	136	127	117	13	8	22	30	192	189	1,185	1,861	63.7	40.4	Dr. Brooks
Yeoovil	97	92	146	131	122	111	7	14	25	36	201	215	1,197	1,931	62.0	37.3	Dr. Brooks
Totals	2,265	2,140	2,855	2,631	2,796	2,488	145	133	836	927	4,078	3,866	25,160	38,488	65.4	40.2	





